

# CITY OF MISHAWAKA SEASONAL APPLICATION FOR EMPLOYMENT

## DEPARTMENT OF HUMAN RESOURCES

### SUMMER / WINTER

THE CITY OF MISHAWAKA IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER.

PLEASE PRINT

Date \_\_\_\_\_

\_\_\_\_\_  
(Last Name) (First) (M.I.) (Social Security No.) (Date of Birth)

PHONE: \_\_\_\_\_

\_\_\_\_\_  
(Your Address) (City) (State) (Zip Code)

Have you ever worked for the City of Mishawaka? ☐ Yes ☐ No If so, when? \_\_\_\_\_

In what department? \_\_\_\_\_ Supervisor: \_\_\_\_\_

When can you begin employment? \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your last available date for work? \_\_\_\_/\_\_\_\_/\_\_\_\_

What position(s) would you be most qualified for?

<input type="checkbox"/> Lifeguard	<input type="checkbox"/> Golf Course Maintenance	<input type="checkbox"/> Utility Dept.
<input type="checkbox"/> Pool Cashier	<input type="checkbox"/> Golf Course Starter/Ranger	<input type="checkbox"/> Ice Rink Cashier
<input type="checkbox"/> Park Maintenance	<input type="checkbox"/> Golf Course Snack Bar Cashier – must be 21	<input type="checkbox"/> Ice Rink Guard
<input type="checkbox"/> Wilson Hill	<input type="checkbox"/> Golf Course Pro Shop Cashier	<input type="checkbox"/> Office

If you are applying for a lifeguard position, please indicate if you hold the following certification(s) and attach a current copy of the certification(s): WSI \_\_\_\_\_ Advanced Lifesaving \_\_\_\_\_ Lifeguard Certificate \_\_\_\_\_ CPR \_\_\_\_\_

**\*Anyone applying for a lifeguard position needs to attach current copies of certifications\***

Do you suffer from allergies (bee stings, poison ivy, etc.) that would limit your ability to do any of the above jobs? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_

EDUCATION:

School	Name & Location of School	Circle Highest Grade Completed	Graduated? What Year?
Elementary		1 2 3 4 5 6	
Intermediate		7 8 9	
High School		10 11 12	

G.E.D. Certificate ☐ Yes ☐ No Date: \_\_\_\_\_

Name & Location of Colleges, Universities, & Jr. Colleges Attended	Dates Attended From To	Quarter or Semester Completed	Degree & Year	Major Subjects

OVER

Name And Location of Business, Technical Schools, Correspondence Work Completed	Hours In Class (Day or Week)	Courses Completed & Dates

**EMPLOYMENT HISTORY — Start with your present or most recent regular job.**

Employer	Dates of Employment (Month and Year)	Salary	Supervisor's Full Name and Title	Reason For Leaving
Name	From	Start		
Address	To	Finish		
Phone				

Describe in detail the work you did: \_\_\_\_\_

Name	From	Start		
Address	To	Finish		
Phone				

Describe in detail the work you did: \_\_\_\_\_

Name	From	Start		
Address	To	Finish		
Phone				

Describe in detail the work you did: \_\_\_\_\_

*NOTE:* You may list on a separate sheet of paper any additional jobs you have held.

Please list three references that are not related to you and are not previous employers:

	NAME	ADDRESS	CITY	ZIP	PHONE
1.	_____				
2.	_____				
3.	_____				

Do you have a valid Indiana Driver's License? ☐ Yes ☐ No License# \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Chauffeur's License? ☐ Yes ☐ No

In case of emergency, notify: Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Certification**

"I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith, and I authorize the City of Mishawaka to contact my previous employers for employment references. I further certify that I understand all statements and conditions on this application."

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_